

Beneficiary Designation/ Name & Address Change- 457 and 401(a)

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street
Simsbury, CT 06089

Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583
Hartford, CT 06144-1583



Group Number:	Social Security Number:	Employer:
Employee Name: Last, First, M.I. <input type="checkbox"/> Name Change? Please provide documentation		
Mailing Address: <input type="checkbox"/> New?		
City:	State:	Zip:
Home Phone:	Work Phone:	Ext:

BENEFICIARY INFORMATION

Please complete the Beneficiary Designation including name, Social Security number, relationship, and percentage of death benefit. The percent of benefit must total 100% for all primary beneficiaries named. If naming contingent beneficiary(ies) the total percentage for this designation must equal 100%. Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:

One Beneficiary

Two or more Primary Beneficiaries,
equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

Primary and Contingent Beneficiaries

Participant's Estate

Trustee

Examples of Designations:

Jane Doe, wife, 100%

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

or equally among the survivors

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

Primary: Jane Doe, wife, 100% if living;

Contingent: John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

equally among the survivors

per stirpes

Participant's Estate

Jane Doe, trustee under trust
agreement* dated...

*either
or*

* Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.

Primary Beneficiary(ies)	Social Security Number	Relationship	%
PRIMARY TOTAL:			100%
Contingent Beneficiary(ies)	Social Security Number	Relationship	%
CONTINGENT TOTAL:			100%

The execution and the delivery of this form to the offices of Hartford Life revokes all prior beneficiary designations that I have made. I understand that this beneficiary designation will not take effect until it has been received in good order by Hartford Life.

Employee Signature _____

Date _____

Mail this Beneficiary Designation to Hartford Life at the address above. Keep a copy for your records.